

comfort, and was a patron of literature, notably of the poet Tibullus.<sup>2</sup>

After the Battle of Philippi Horace had severe trials. His estate, as previously mentioned, had been confiscated, but he was comparatively fortunate in securing a clerkship in the treasury department of the government, where he remained computing taxes with the awkward Roman letters until, by the publication of some of his satires, he became known. His case was a parallel to that of Bobbie Burns, who got a place as gauger (inspector) of whisky stills in the excise in Scotland. So fate fashioned two of her finest brains, and then provided them with very lowly occupations.

The bottle, too, had passed through its dark days, stored as it was in a garret, and exposed to the soot and the smoke of the household fires. It must be remembered that the Roman houses had no chimneys and that, therefore, the upper rooms were smoky, and were given over to slaves and a wine room. The smoke was supposed to aid in ripening the contents of the amphorae, or jars. Undoubtedly, like Horace and Messalla, the bottle showed on its exterior the marks of advancing years and, like them, through long years of trial it had become inwardly mellow, and when its spirit was poured out it sparkled and was ready to add to the pleasure of the occasion if properly and moderately enjoyed.

The aging of wine has always been regarded with favor and reverence; and rightly so, as it tends, like ourselves, to grow mellow with years. In this, up to a certain point, the container participates. *Vile saepe cadus nobile nectar habet*—"the best wine comes out of an old bottle." To produce a flask covered with cobwebs is a matter of pride in an otherwise immaculate household. Here, again, the comparison with human beings holds good, since oftentimes, under a threadbare coat, lies an excellent understanding and, as Burton remarks: "Horace himself was a little bleary-eyed, contemptible fellow, yet who so sententious and wise?"<sup>3</sup>

In reflecting over what I have related we may recall that, in addressing the bottle as he came downstairs, Horace admonishes it to pour out an even mellow wine. There is an important meaning behind this phrase, *languidiora vina*, especially important to medical men in prescribing for their patients. Both Messalla and Horace were upwards of 40 years of age and were steady users of the product of the grape, and, therefore, would tend to become allergic to this form of sugar. As Rabelais remarks, they probably had begun to recognize the symptoms of approaching age though they would tell it to no one; and although they found wine more than ever agreeable to their taste, yet more than ever they feared happening upon a bad wine.<sup>4</sup> This fully explains, I think, the solicitude of Horace in the present instance.

Whisky, however, especially that from an old barrel, is free from this defect; but, unfortunately for them, neither Messalla nor Horace knew of this delightful beverage—delightful, I would say, when used moderately and circumspectly.

Much has been written about wine, both for and against, but very little of the container, which undoubtedly is a neglect. We see, however, that Horace did not neglect the bottle, but addressed a beautiful ode to it, and in a most personal way. Horace and Messalla are dead and gone, the bottle is likely broken, and its contents we know were consumed; but the song, although nearly two thousand years old, remains, and grows even mellow and more enjoyable as time silently passes on.

450 Sutter Street.

## HISTORY OF SAN FRANCISCO COUNTY MEDICAL SOCIETY

ONE OF FOUNDERS ARRIVED IN 1850; BEGAN PRACTICE IN TENT

IN the mad rush for California gold ninety years ago there were doctors in San Francisco whose thoughts were upon the practice of their profession. While the butcher, the baker and the candlestick maker were streaking it for the Sierra foothills to find a fortune, a handful of physicians were contemplating the formation of a medical society here.

The records of those dim and distant days have almost faded from existence, but we know that one of the founders of the first medical society here was Robert K. Nuttall. He arrived here in May, 1850, and with Dr. Robert Mackintosh, son of Sir William Mackintosh, a professor in the Edinburgh Medical School, he started to practice medicine in their tent, pitched on North Beach. Doctor Nuttall later married Magdalena, daughter of John Parrot, and built a home next door to his father-in-law on the northwest corner of Montgomery and California streets—in the very heart of the present financial district.

Due to the wanderlust of those days, the first medical society died from neglect. It was reborn when a group of physicians gathered on June 22, 1853, and formed the San Francisco Medical Society. Dr. Theodore Dimon was elected president. The physician chosen to fill the vice-presidency was Stephen R. Harris, who that year [actually] served as the third mayor of this city.

Due, perhaps, to the same factors which militated against the permanency of the first society, this reorganization of 1853 did not "take" either, and there were at least three subsequent reorganizations.

### FORTY MEMBERS IN 1868

By 1868 the San Francisco County Medical Society seemed to be launched upon a certain and continuous course, under the guidance of Dr. J. P. Whitney. There were forty members, many of whom as John F. Morse, H. H. Toland, Henry Gibbons Sr. and Jr., bear names well known to students of local medical history.

Their Code of Medical Ethics, Section I, Article I, begins: "A physician should not only be ever

<sup>2</sup> M. Valerius Messalla Corvinus was born in 64 B. C., and was one year younger than Horace, born in 65 B. C.

<sup>3</sup> Burton's *Anatomy of Melancholy*, 2:10.

<sup>4</sup> Rabelais, *Pantagruel*. Bk. II, ch. XXVIII.

ready to obey the calls of the sick, but his mind ought also be imbued with the greatness of his mission, and the responsibility he habitually incurs in its discharge. These obligations are the more deep and enduring, because there is no tribunal, other than his own conscience, to adjudge penalties for carelessness or neglect."

In the next three decades, which brings us up to 1900, the society continued to grow in numbers and influence, both professional and civic. It lent its aid and advice in framing legislation upon medical licensure so that charlatans and quacks who feed upon the credulity of the ailing members of society could be dealt with under the law, and that those properly qualified to practice medicine and surgery could be certified as competent in their chosen profession.

#### LIBRARY STARTED

For many years prior to the earthquake and fire of 1906 the San Francisco County Medical Society met in Native Sons Hall. The society was sufficiently rooted in the life of the city by this time that the great catastrophe only briefly interrupted its continuous existence, and so it shortly took up its abode in the Butler Building at Geary and Stockton streets. There it gathered a reference library for the use of its members. Meetings and business of the medical society were held and transacted there until February, 1918, when the society's headquarters were moved into the newly constructed Medical Building at 909 Hyde Street.

For fifty-three years after 1873 when the retiring president, John F. Morse, expressed the desirability of a permanent home, there were numerous plans made to construct or purchase a home for the society. These came to fruition in 1926 when the society purchased the Irwin mansion on Laguna and Washington streets.—*San Francisco News*, June 17.

## CLINICAL NOTES AND CASE REPORTS

### QUESTION REGARDING DIAGNOSIS

By VERNON O. STAHL, M.D.  
Ontario

#### REPORT OF CASE

**T**HE patient is a white girl of twenty-four years of age, height, five feet, five inches, weight 119 pounds. She looks to be in good health, and is normal in her mental attitude toward life. In August, of 1938, I was consulted, and the following salient points were obtained:

In childhood, the girl was quite sickly, frequently having "bilious attacks," and a persistent frontal headache. At ten years of age, her tonsils were removed. Menses began at eleven and were regular until the age of eighteen, when they became quite irregular; however, from the ages of fourteen to eighteen she had a period of comparatively good health. At eighteen, her present illness began. It started with headache, general malaise, loss of weight, loss of appetite, poor digestion with vomiting spells, and a temperature that persisted. The temperature ranged from 99 to 100.

In August, of 1935, she went to the Sansum Clinic in Santa Barbara, whose clinical and laboratory findings I am enclosing. As you will see, the examination was essentially negative.

Later, the patient came to the Abbott Clinic in Ontario. By that time she had gone down in weight from 117 to 85

pounds. Although no definite diagnosis was made, it was thought that the cause of the trouble was a misplaced uterus. Ovarian and pituitary injections were given for a year and a half, and under this treatment the patient regained much of her weight, weighing 110 pounds at the end of that time. In July, 1937, a suspension and appendectomy were performed. There was a marked improvement in digestion, but the other symptoms and the temperature remained. Two months later, she was diagnosed as having undulant fever, dilution undetermined, when she was given metaphen, brucellergen, and then sulphanilamide. The temperature, however, still persisted.

There is no history of chest pains nor of cough. The patient seldom has a cold, but, rather frequently, has sore throat. The menses last from seven to eight days, and are of a normal amount. There is slight leucorrhea of a whitish character, but no dysuria. No kidney trouble or pain. She is somewhat nervous, but sleeps well, although lightly. Patient states she used to grind her teeth at night.

In August, 1938, physical examination showed a well-nourished girl; weight 115, blood pressure 100/70, sinuses clear. Nose moderately congested, with hypertrophied turbinates. Teeth good. Throat clear, except for tonsil tags on left. Ears clear. Heart regular, with no murmurs. No enlargement demonstrated. Pulse 80. Temperature 99.8°. There were harsh breath-sounds at the right apex, both anterior and posterior. No râles noted. Focal fremitus normal. Expansion normal.

Both nipples moderately inverted, more so on the left, with the nipple closely attached to the underlying areolar tissue. Transillumination showed a small cyst. The abdomen was negative, except for the midline scar from operation. Vaginal examination essentially negative. Uterus of normal size, with second degree retroversion, freely movable, and adnexa clear.

The following laboratory work was done:

1. Blood: He., 86 per cent; R. B. C., 3,960,000; Color Index, 1.1; W. B. C., 6,250; Polys., 54; Ly., 39; Mono., 4; Eos., 2; Stab., 1.

2. Urine: Ph., 5; Alb., negative; Occasional pus cell. Numerous follow-up urine examinations have continued with results much the same, pus cells being present.

3. X-ray negative. Taken by us, and read by Doctor Nevius. One taken in January, 1939, also negative.

4. A stool culture, run at the San Antonio Community Hospital, was negative throughout for ova and parasites.

5. Undulant fever was positive, through a 1:150 dilution. The opsonocythophagic index was as follows: Marked, 0; Moderate, 5; Slight, 12; Negative, 8.

Due to the fact that I had received a number of positive results of questionable degree from this laboratory, I sent the blood to Karl Meyer, which he tested personally, and to the Bureau of Laboratories at Berkeley. Both places pronounced it negative for undulant fever.

6. The blood Wassermann was negative.

In August, the patient was given an iron tonic, Lugols solution, abdo capsules, yeast, and molasses for upbuilding. Mineral oil, milk of magnesia, and Clark's pills for her bowels. Estrogenic substance was given three times a week, 1 grain thyroid a day. Later, liver, 10 units, 1 cubic centimeter was given twice a week, along with 3000 units of vitamin B. Under this regimen, the patient has gained four pounds. Her blood pressure is from 107/75 to 110/75. There has been moderate headache. The temperature, ranging from 99 to 100, and the tired feeling, have continued. The breast has cleared nicely. In the past two weeks one-quarter cubic centimeter of Sherman vaccine has been given, once a week, also, two Jaculin a day.

Now this is the question: What is causing the persistent temperature?\*

225 Fallis Building.

#### SANSUM CLINIC REPORTS

August 7, 1935

Blood pressure, 112/70; weight, 103; height, 5 ft. 5 in.; temperature, 99°; pulse, 104; respiration, 22.

Urine: Color, straw; appearance, clear; reaction, 7; spec. grav., 1.009; alb., 0; sugar, 0.

Low field: Casts, 0.

\* Editor's Note.—Suggestions may be sent to Vernon O. Stahl, M. D., 225 Fallis Building, Ontario, California.